STATE OF MONTANA

DEPARTMENT OF LABOR AND INDUSTRY

BOARD OF PERSONNEL APPEALS

EMPLOYEE CLASSIFICATION

(Each step should be dated as initiated by the employee)

I	Date
II	Date
III	Date

AND WAGE APPEAL	
AND WARE ADDEAD	

1. Name of Em	nlovee:				
1. Ivanie of Em	Last	First	Middle Initial		
3. Present Clas Classificatio4. Department:	sification: n Code:	Position Number:5. Address (Building & Stre	et)		
Division:Bureau:Section:		Unit:	Business Phone:		
Has there been	an informal attempt to resolve the a	ppeal in question?			
(Copies avai		personnel office) Any effort to	es and Regulations ARM 24.26.508. To impede the appeal process should		
STEP I	I hereby invoke the formal appeals procedure guaranteed in Section 2-18-101 MCA, as outlined in ARM 24.26.508. I certify that all facts stated here are correct to the best of my knowledge and belief.				
	Employee's Si	gnature	Date		
Discuss the reas	on for this appeal and possible solu	ations to the problem.*			

Continuance of	of the appeal; Submission to Department head/designee:
	Date:
Findings of th	e department head/designee: Date appeal returned to Employee:
	Signature:
STEP	Continuance of appeal, Submission to Department of Administration, Personnel Division
II	Date Received:
Findings of Pe	ersonnel Division* Date appeal returned to Employee:
	Signature:
STEP	Continuance of appeal, submission to Board of Personnel Appeals for final resolution
III	Date Received:
	decision of the Board of Personnel Appeals:* mments will be attached) Date appeal returned to Employee:
TC 41	the second secon
	e any questions concerning appeal procedure, contact the Board of Personnel Appeals, 18, Helena, MT 59604-6518, Telephone: (406)444-2718